## FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 RECEIVED FORM D

OCT 1 6 2000 OFFICE OF SALE OF SECURITIES RSUANT TO REGULATION D, SECTION 4(6), AND/OR ORM LIMITED OFFERING EXEMPTION

379116

| OMB APPROVAL       |           |  |  |  |  |  |
|--------------------|-----------|--|--|--|--|--|
| OMB Number:        | 3235-0076 |  |  |  |  |  |
| Expires:           |           |  |  |  |  |  |
| Estimated average  | burden    |  |  |  |  |  |
| hours per response | 16.00     |  |  |  |  |  |

| SEC USE ONLY |            |        |  |  |  |
|--------------|------------|--------|--|--|--|
| Prefix       |            | Serial |  |  |  |
|              |            |        |  |  |  |
| DA           | TE RECEIVE | D      |  |  |  |
|              |            |        |  |  |  |

|   | <del></del>                              |
|---|--|
| Name of Offering ( check if the is an amendment and name has changed, and indicate change.)   |  |
| Filing Under (Check box(es) that apply): Rule 504 Rule 505 X Rule 506 X Section 4(6) ULOE Type of Filing: New Filing Amendment  |  |
| A. BASIC IDENTIFICATION DATA  |  |
| Enter the information requested about the issuer  | 06049934                                 |
| Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  ShelterLogic Holdings LLC   |  |
| 150 Callender Road, Watertown, CT 06795 (860) 94  |  |
| Address of Principal Business Operations (if different from Executive Offices)  (Number and Street, City, Staphole Stephone)  | Number (Including Area Code)             |
| Manufacture, market and distribute temporary shelters  Manufacture, market and distribute temporary shelters  THOMSON   | · ·                                      |
| Type of Business Organization FINANCIAL   | Limited liability company already formed |
| Month Year  Actual or Estimated Date of Incorporation or Organization: OB OIA Actual Estimated  Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:  CN for Canada; FN for other foreign jurisdiction) | -  |

#### GENERAL INSTRUCTIONS

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

### A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. [X] Executive Officer Check Box(es) that Apply:. Y Beneficial Owner · Director General and/or V Managing Partner Full Name (Last name first, if individual) Kiarsis, Victor Business or Residence Address (Number and Street, City, State, Zip Code) 150 Callender Road, Watertown, CT 06795 Check Box(es) that Apply: Beneficial Owner General and/or Promoter Y Executive Officer Director Managing Partner Full Name (Last name first, if individual) Conlon, James M. Business or Residence Address (Number and Street, City, State, Zip Code) 150 Callender Road, Watertown, CT 06795 Check Box(es) that Apply: Promoter Beneficial Owner X Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Raymond, James Business or Residence Address (Number and Street, City, State, Zip Code) 150 Callender Road, Watertown, CT 06795 Check Box(es) that Apply: Beneficial Owner X Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Silinski, Robert Business or Residence Address (Number and Street, City, State, Zip Code) 150 Callender Road, Watertown, CT 06795 Check Box(es) that Apply: ☐ Beneficial Owner ☐ Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Executive Officer Beneficial Owner Director General and/or Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Executive Officer Check Box(es) that Apply: Beneficial Owner Director General and/or Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

|        |                       | . •                            |  |                           | В. І                       | NFORMAT                        | ION ABOU                    | T OFFERI                                | NG                          |             |              |             |                   |
|--------|-----------------------|--------------------------------|--|---------------------------|----------------------------|--------------------------------|-----------------------------|---|-----------------------------|-------------|--------------|-------------|-------------------|
| 1. F   | las the               | issuer solo                    | l, or does th  | ne issuer in              | ntend to se                | ell, to non-a                  | ccredited i                 | nvestors ir                             | this offer                  | ing?        |              | Yes<br>[i   | No<br><b>[</b> €] |
|        |                       | _                              | ,  |                           |                            | n Appendix                     |                             |   |                             | _           |              |             | ш                 |
| 2. V   | What is               | the minim                      | um investm   | ient that w               | rill be acce               | pted from a                    | any individ                 | ual?                                    | •••••                       |             | ••••••       | s           | ·                 |
| 3. I   | Does th               | e offering                     | permit joint   | ownershi                  | p of a sing                | ele unit?                      |                             | ,                                       | ,                           |             |              | Yes         | No<br><b>Z</b>    |
| 4. E   | Enter th              | e informat                     | ion request  | ed for eac                | h person v                 | vho has bee                    | n or will b                 | e paid or                               | given, dire                 | ctly or ind | irectly, any | ,           | . <b>W</b> =      |
| I      | f a pers<br>or states | on to be lis<br>s, list the na | ilar remuner<br>ted is an ass<br>ame of the ba<br>you may se | ociated pe<br>roker or de | rson or age<br>ealer. If m | ent of a brok<br>ore than five | er or deale<br>e (5) persor | r registere<br>is to be list            | d with the S<br>ed are asso | EC and/or   | with a state | ;           |                   |
| Full 1 | •                     |                                | fīrst, if indi   | =                         |                            |                                |                             |   |                             |             |              |             | ·                 |
| Busin  | ess or                | <u>Not app</u><br>Residence    | <u>licable</u><br>Address (N                                 | umber and                 | Street, C                  | itv. State. 2                  | (in Code)                   | •                                       |                             |             |              |             |                   |
| ·      |                       |                                | <u>.</u> .   | •                         |                            |                                |                             |   |                             |             |              |             |                   |
| Name   | of Ass                | ociated Br                     | oker or Dea  | aler                      |                            | -                              | •                           |   |                             | •           |              |             | •                 |
| States | s in Wh               | ich Person                     | Listed Has   | Solicited                 | or Intends                 | to Solicit                     | Purchasers                  |   |                             |             |              | <del></del> |                   |
| (      | Check                 | "All States                    | or check   | individual                | States)                    |                                |                             |   | ······                      |             |              | ☐ AI        | l States          |
|        | AL                    | AK                             | AZ   | ĀR                        | CA                         | CO                             | CT                          | DE .                                    | DC                          | FL          | GA           | HI          | ID                |
|        | IL)                   | IN                             | IA   | KS                        | KY)                        | LA                             | ME                          | MD                                      | MA                          | MI .        | MN           | MS          | MO                |
| _      | MT<br>RI              | NE<br>SC                       | NV<br>SD   | NH<br>TN                  | [NJ]<br>[TX]               | NM<br>UT                       | NY<br>VT.                   | NC<br>VA                                | ND<br>WA                    | OH<br>WV    | OK<br>WI     | OR<br>WY    | PA PR             |
|        |                       |                                |  |                           |                            | *                              |                             |   |                             |             |              |             |                   |
| Full   | Name (                | Last name                      | first, if indi   | vidual)                   |                            |                                |                             | ٠                                       |                             |             |              |             |                   |
| Busin  | ess or                | Residence                      | Address (N   | Number an                 | d Street, C                | City, State,                   | Zip Code)                   |   |                             |             |              |             |                   |
| Name   | of Ass                | sociated Br                    | oker or Dea  | aler                      |                            |                                |                             | ,                                       | ٠,                          | · · ·       |              |             |                   |
|        |                       |                                | Listed Has   |                           |                            |                                |                             |   |                             |             |              |             |                   |
| (      | Check                 | "All States                    | or check   | individual                | States)                    | .,                             |                             | *************************************** |                             |             |              | ☐ Al        | l States          |
| [      | ÄL                    | AK                             | AZ   | AR                        | CA                         | CO ·                           | CT                          | DE                                      | DC                          | FL          | GA           | HI          | ID                |
| _      | TL<br>MT              | IN NE                          | NV   | KS<br>NH                  | KY<br>NJ                   | LA<br>NM                       | ME<br>NY                    | MD<br>NC                                | MA<br>ND                    | MI<br>OH    | MN<br>OK     | MS<br>OR    | MO<br>PA          |
| _      | RI                    | SC                             | SD   | TN                        | TX                         | UT                             | VT                          | VA                                      | WA                          | WV          | WI           | WY          | PR                |
| Full N | Name (                | Last name                      | first, if indi   | vidual)                   | -                          | <del></del> -                  |                             |   |                             |             |              |             |                   |
| •      |                       |                                |  |                           | <del> </del>               |                                |                             |   |                             |             |              |             | <u></u>           |
| Busin  | ness or               | Residence                      | Address (N   | Number an                 | d Street, (                | City, State, I                 | Zip Code)                   |   |                             |             |              | •           |                   |
| Name   | of Ass                | sociated Br                    | oker or Dea  | aler                      |                            |                                |                             |   |                             |             |              |             |                   |
| States | s in Wh               | ich Person                     | Listed Has   | Solicited                 | or Intend                  | s to Solicit                   | Purchasers                  |   | •                           |             |              |             | <u> </u>          |
| (      | Check                 | "All States                    | or check   | individual                | States)                    |                                | ······                      |   |                             |             |              | ☐ Al        | l States          |
|        | AL                    | AK                             | AZ   | ĀR                        | CA                         | CO                             | CT                          | DE                                      | DC                          | FL          | GA           | HI          | ID]               |
| _      | IL NOTE               | IN                             | IA   | KS                        | KY                         | LA                             | ME                          | MD                                      | MA                          | MI          | MN           | MS          | MO                |
|        | MT<br>RI              | NE<br>SC                       | NV<br>SD   | NH<br>TN                  | NJ<br>TX                   | NM<br>UT                       | NY<br>VT                    | NC<br>VA                                | ND<br>WA                    | · OH        | OK WI        | OR WY       | PA PR             |

# C OFFERING PRICE NUMBER OF INVESTORS; EXPENSES AND USE OF PROCEEDS

| 1. | Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.  |                             | Amount Already              |
|----|--|-----------------------------|-----------------------------|
|    | Type of Security   | Aggregate<br>Offering Price | Sold                        |
|    | Debt   |                             | <b>s</b>                    |
|    | Equity   | \$ <u>5,000,000</u>         | <u>s 5,000,000</u>          |
|    | Common 🛱 Preferred   |                             |                             |
|    | Convertible Securities (including warrants)  | s                           | \$                          |
|    | Partnership Interests  | s                           | \$                          |
|    | Other (Specify)  | s                           | \$                          |
|    | Other (Specify)  Total   | \$5,000,000                 | <u>s</u> 5,000,000          |
|    | Answer also in Appendix, Column 3, if filing under ULOE.   |                             |                             |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."             |                             | Aggregate Dollar Amount     |
|    | Accredited Investors   | Investors                   | of Purchases<br>\$5,000,000 |
|    | Non-accredited Investors   |                             | s                           |
|    | Total (for filings under Rule 504 only)  |                             | 2                           |
|    | Answer also in Appendix, Column 4, if filing under ULOE.   |                             | <u> </u>                    |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.   |                             | •                           |
|    | Type of Offering   | Type of<br>Security         | Dollar Amount<br>Sold       |
|    | Rule 505   |                             | \$                          |
|    | Regulation A   |                             | \$                          |
|    | Rule 504   |                             | \$                          |
|    | Total  | · .                         | <u>\$ 0.00</u>              |
| 4  | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. |                             |                             |
|    | Transfer Agent's Fees  |                             | \$                          |
|    | Printing and Engraving Costs   |                             | s                           |
|    | Legal Fees   | 🔯                           | s 95,000                    |
|    | Accounting Fees  | 🛛                           | s 5,000                     |
|    | Engineering Fees   |                             | \$                          |
|    | Sales Commissions (specify finders' fees separately)   |                             | s                           |
|    | Other Expenses (identify) Investor incentive fees  | X                           | \$ 90,000                   |
|    | Total  |                             | <u>\$ 190,000</u>           |

| 續   | COEFFRING PRICE NUMBER OF INVESTORS, EXPENSES AND USE OF I   | ROCEEDS  |                        |
|-----|--|--|------------------------|
| •   | b. Enter the difference between the aggregate offering price given in response to Part C — Question 1 and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer."   |  | <u>sā, 810, 000</u>    |
| 5.  | Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above. |  |                        |
|     |  | Payments to<br>Officers,<br>Directors, &<br>Affiliates | Payments to<br>Others  |
|     | Salaries and fees  | □ s  | s                      |
|     | Purchase of real estate  |  |                        |
|     | Purchase rental or leasing and installation of machinery   |  |                        |
|     | and equipment  | ∟  | - U*                   |
|     |  | LJ *———  | U <del>"</del>         |
|     | Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)   | \$   | \$                     |
|     | Repayment of indebtedness  |  |                        |
|     | Working capital  |  |                        |
|     | Other (specify):Retire Series 2 Warrants   | <b></b> \$   | ∑1\$ <u>970,00</u> 0   |
|     |  | s  | _ 🗆 \$                 |
|     | Column Totals  |  |                        |
|     | Total Payments Listed (column totals added)  | □ \$ <u>4</u>  | <u>,810,00</u> 0       |
| 38  | d federal signature  |  |                        |
| sig | te issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice to a nature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commic information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of   | e is filed under R<br>ssion, upon writt                | ule 505, the following |
|     | ShelterLogic Holdings LLC Signature Signature Signature Signature  | Date<br>10/2/06  |                        |
| Νε  | James M. Conlon  Title of Signer (Print or Type)  Manager of Issuer  |  |                        |

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

| 1.        | Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?   | Yes                   | No                       |            |
|-----------|--|-----------------------|--------------------------|------------|
|           | See Appendix, Column 5, for state response.  |                       |                          |            |
| 2.        | The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is a D (17 CFR 239.500) at such times as required by state law.   | iled a no             | tice on Fo               | rm         |
| <b>3.</b> | The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, informa issuer to offerees.   | tion furr             | nished by                | the        |
| 4.        | The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be en limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claim of this exemption has the burden of establishing that these conditions have been satisfied. | titled to<br>iming th | the Unifo<br>c availabil | rm<br>lity |
|           | uer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behi<br>othorized person.   | alf by the            | undersigi                | ned        |

Signature

Thue (Print or Type)

Manager of Issuer

Date

10/2/06

### Instruction:

Issuer (Print or Type)

Name (Print or Type)

James M. Conlon

ShelterLogic Holdings LLC

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

|       |                                |  |  | A A  | PENDÎX: 94  |  |              |     | 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 -  |  |
|-------|--------------------------------|--|--|--|-------------|--|--------------|-----|--|--|
| 1     | Intend<br>to non-a<br>investor | to sell<br>ccredited<br>s in State<br>-Item 1) | Type of security and aggregate offering price offered in state (Part C-Item 1) | Type of investor and amount purchased in State (Part C-Item 2) |             |  |              |     | 5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1) |  |
| State | Yes                            | No   |  | Number of<br>Accredited<br>Investors                           | Amount      | Number of<br>Non-Accredited<br>Investors | Amount       | Yes | No   |  |
| AL    |                                |  |  |  |             | ,  |              |     | <u>                                     </u>   |  |
| AK    |                                |  | · · · · · · · · · · · · · · · · · · ·  |  |             | ,  |              |     |  |  |
| AZ    | ,                              |  |  |  |             |  |              |     |  |  |
| AR    |                                |  |  |  |             |  | <del>-</del> |     |  |  |
| CA    | . ]                            | !  |  |  |             |  |              |     |  |  |
| СО    |                                |  |  |  |             |  |              | · . |  |  |
| СТ    |                                | x  |  | 1  | \$2,000,000 |  |              |     | _x   |  |
| DE    |                                |  |  |  |             |  |              |     |  |  |
| DC    |                                |  |  |  |             |  | -            |     |  |  |
| FL    |                                |  | , ,  |  |             |  |              |     |  |  |
| GA    |                                |  |  |  |             |  |              |     |  |  |
| HI    |                                |  |  | ·  |             |  |              |     |  |  |
| ID    |                                |  |  |  |             |  |              |     |  |  |
| IL    |                                |  |  |  |             |  |              |     |  |  |
| IN    |                                | . ;  |  |  |             |  |              |     |  |  |
| IA    |                                |  |  |  |             |  |              |     |  |  |
| KS    |                                |  |  |  |             |  | ·            |     |  |  |
| KY    |                                |  | · · ·  |  |             |  |              |     |  |  |
| LA    |                                |  | •  |  |             |  |              |     |  |  |
| ME    |                                |  | , .  |  | ·           | ,  |              |     |  |  |
| MD    |                                |  |  |  |             |  |              |     |  |  |
| MA    |                                |  | ,  |  |             |  | · .          |     |  |  |
| MI    |                                |  |  |  | . ,         |  | ·            |     |  |  |
| MN    |                                |  |  |  |             |  | <u> </u>     |     |  |  |
| MS    |                                |  | •  |  |             | • • • • •                                | <u> </u>     |     |  |  |

## APPENDIX -2 3 5 Disqualification Type of security under State ULOE (if yes, attach and aggregate Intend to sell offering price Type of investor and explanation of to non-accredited offered in state amount purchased in State waiver granted) investors in State (Part C-Item 2) (Part E-Item 1) (Part B-Item 1) (Part C-Item 1) Number of Number of Accredited Non-Accredited State Yes No Investors **Investors** Yes No Amount Amount MO MT NE NV NH NJ NM [\$3,coo,coo 1 X. NY NC ND ОН OK OR PA RI SC SD TN TXUT VT VAWA WVWI

|       | to non-a | d to sell<br>accredited<br>is in State<br>3-Item 1) | Type of security and aggregate offering price offered in state (Part C-Item 1) | Type of investor and amount purchased in State (Part C-Item 2) |        | amount purchased in State                |        |     | lification<br>ate ULOI<br>, attach<br>ation of<br>granted)<br>-Item 1) |
|-------|----------|---|--|--|--------|--|--------|-----|--|
| State | Yes      | No  |  | Number of Accredited Investors                                 | Amount | Number of<br>Non-Accredited<br>Investors | Amount | Yes | No   |
| WY    |          |   |  |  |        |  |        |     |  |
|       |          | . T   |  |  | · ·    | 1  |        |     | i  |